



NOMNC Process

Notice of Medicare Non-Coverage

5.2024



• Paramount Goals

- Review key steps in Quality Improvement Organization (QIO) appeals process
- Review providers responsibilities in a member appeal is submitted to the QIO

NOMNC Process: Paramount and Providers



- A Paramount UM Nurse will contact the Skilled Nursing facility or Home Health Agency via fax and phone to inform of last covered date
- Paramount UM will provide a courtesy completed NOMNC to the provider. Each provider has the responsibility to ensure that a complete, valid NOMNC is issued as soon as possible to all Paramount members once informed of a denial and last covered date
- It is the providers responsibility to double check the validity of the document prior to issuing to the member
- The NOMNC is to be delivered at least (2) calendar days before Medicare services end or the second to the last day of service if care is not being provided daily

Paramount's Role in the NOMNC Process



- Paramount will issue NOMNCs to the facility Monday thru Friday until 5 pm
- NOMNCs that need to be issued after 5 pm on weekdays will be issued to the facility the next business day
- NOMNCs needed to be issued on the weekends will be issued on Monday to the facility
- NOMNCs needing to issued on holidays will be issued on the next business day following the holiday to the facility

Requesting an Immediate QIO Appeal

- The request for an immediate appeal should be made ASAP, but no later than noon of the day before the effective date indicated on the NOMNC
- Immediate appeals will be processed by the QIO Livanta at (888) 524-9900 TTY (888) 985-8775
- If requesting an immediate appeal through the QIO: All medical records requested by the QIO (a list will be sent from the QIO requesting specific records) must be faxed in with a copy of the signed, valid NOMNC
- A copy of the signed, valid NOMNC must also be faxed to Paramount 567-661-0842



Process if Appeal Deadline is Missed



- If the member misses the deadline to request an immediate appeal, please refer to the NOMNC for instructions on how to file and appeal through Paramount Member Services
419-887-2525
(TTY 888-740-5670)

Key Provider Points



- Ensure the NOMNC is completed fully and accurately to ensure the validity of the document is not rejected by the QIO –Paramount is completing the NOMNC and sending to the facility along with the denial notice, facility just needs to explain to member and get the signature
- Facility must submit all requested medical records to the QIO when requested to prevent a delay in appeal processing
- If the QIO determines that a NOMNC is invalid or does not receive requested medical records to complete the appeal request, the facility is financially liable for these days, not Paramount, since this is a delegated responsibility
- If the QIO receives a valid NOMNC and all medical records pertinent to the case to make an informed decision and the member wins the appeal Paramount will extend the approval authorization upon direction of the QIO
- A NOMNC is required for continued Part B therapies for members that reside in a SNF/Long-Term Care (LTC)
- References:
 - <https://www.cms.gov/medicare/medicare-general-information/bni/downloads/instructions-for-notice-of-medicare-non-coverage-nomnc.pdf>
 - <https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms019517>
 - https://www.medicareinteractive.org/pdf/OM_EndingCareAppeal_Chart.pdf